

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1078

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
5521 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Fannie Finnell

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name William Finnell

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Fuggitt

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant M. T. Garst

(b) Address Kansas City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-6-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Hamburg, Iowa

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-6-43 (b) M. M. Crome  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5521 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th  
year 1943 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 27  
1942 to Jan 3rd 1943  
that I last saw her alive on Jan 3rd 7 P.M. 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho. Pneumonia 4 day

Due to Thromboplegia & General Arteriosclerosis

Due to Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? (c) Means of injury \_\_\_\_\_

23. Signature B. W. Sharp M.D. (M. D. or other)

Address 1713 - E - 55th St Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. B. W. Clark  
1713 E. 55th  
Hel 28668  
1324 Green -  
Dr Johnson's Htn  
Hel 28448

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 71. C Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**